## Entry Blank—Please Type or Print Ms./Artist NADINE MILLER ☐ Mr./Artist (last name last) 2309 SCHELL AVE. Permanent Address OH 44109 Daytime Tel. (216) 398.0248 Temporary or 4187 Studio Address CLEVE., OH. 44109 Daytime Tel. (216) 351. 5828 If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip **Special Instructions** Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. Signature I have received the unsold/unaccepted object(s) in good condition

Signature

## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

A □ Paintings □ Sculpture		Graphics Crafts	☐ Photography (specify category	
Materials used (media			V-1	
xerogr	aphic c	olage	•	
Title untit	led			
Price or NFS 600.00	Insurance Value if NFS Only		Size 2014" × 2134 height x width x depth	
GRAPHICS AND PHOTOGRAPHY ONLY				
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B □ Paintings □ Graphics □ Photography □ Sculpture □ Crafts (specify category				
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xerographic Collage				
IN ITS ABSENCE				
Price or NFS 400.00	Insurance Value If NFS Only	e	Size 76 % height x widt	25 3/8 th x depth
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